

**EMT-1 REGULATORY TASK FORCE
MEETING MINUTES
March 21, 2001
CHP Academy, West Sacramento**

I. Introductions

Self-introductions were made. The most recent Task Force membership list was distributed and attendees were asked to make any corrections to the membership list on the sign-in sheet that was circulated. Dave Magnino announced that Jeff Page will be taking his place as the primary EMT-I Task Force Member. The Task Force was reminded that the EMT-I Task Force list server is a good source of information concerning the Task Force. Information that goes out on the list server includes meeting agendas, meeting minutes, reminders about meetings, attachments for meetings and any questions or information the subscribers wish to post. The e-mail address emt1regs@emsa.ca.gov and in the subject line type the word "join" or "subscribe". Task Force members were also reminded that the EMS Authority's web page is a good source of information regarding the Task Force.

MEMBERS PRESENT	EMSA STAFF PRESENT	ALTERNATES PRESENT	MEMBERS ABSENT	ALTERNATES ABSENT	GUESTS
Bob Cordray Elaine Dethlefsen Jean English Dave Magnino Steve Maiero Debbie Meier Debi Moffat John Pritting Veronica Sheppardson Kevin White Todd Wilhoyte	Sean Trask Lois Williams Nancy Steiner Roselyn Cope Richard McSherry Connie Telford	Jeff Page	Nancy Casazza Donna Ferracone Bruce Haynes Gloria Huerta Pat Kramm Tom McGinnis Marco Randazzo Bob Repar Susan Smith John Tysell	Bruce Kenagy David Nevins Byron Parsons Debbie Notturmo Karen Petrilla	Kathy Crow Philip Dickison Bill Brown

II. Minutes

Approved as written.

III. Agenda

The Task Force members were informed that Senate Bill 851 was introduced which would identify an optional scope of practice for EMT-Is in Sierra County. Sean explained the history, which led to this legislation. The EMS Authority is preparing Emergency Regulations that will amend the Optional Scope of Practice Section of the EMT-I Regulations. In its current draft, the amendments are as follows: endotracheal intubation and manual defibrillation will be deleted, there will be no change to the esophageal-tracheal airway section, subcutaneous administration of epinephrine 1:1,000 will be added with local EMS Agency approval, the medications and skills from the Imperial County Trial Study (albuterol, epinephrine 1:1,000 SQ, nitroglycerine, aspirin, glucagons, naloxone, activated charcoal, blood glucose checks) will be added to this section requiring EMS Authority approval, for rural areas without ALS or LALS instituting intravenous

access which requires EMS Authority approval and also for the rural area without ALS or LALS services IV administration of 50% dextrose, which will also require EMS Authority approval. These draft regulations will be submitted to EMDAC at their March 27, 2001 meeting for their input. Once the emergency regulations are finalized they will be sent to the Office of Administrative Law and if approved will be in effect for 120 days. A regular regulations package will need to be completed in order to make the regulation permanent.

The agenda was rearranged to accommodate the National Registry presentation after lunch. Items IV A and C will be discussed before lunch and Item IV B will be discussed after lunch.

IV. Old Business

- A. Committee Report: Comparison of Responsibilities between EMSA and LEMSA's (Sub-committee members: Pat Kramm, Steve Maiero, Bruce Kenagy, Debi Meier):
 - 1. This committee presented their results of their survey of local EMS agencies (LEMAs) in California at the last meeting. The survey results will be used to identify inconsistencies at a later time. The Task Force agreed that no further discussion was needed on this topic.
- B. Committee Report: Licensure Issues (Sub-committee members: Gloria Huerta, John Pritting, Kevin White):

The Task Force discussed the following points:

 - 1. The Task Force members present unanimously agreed to eliminate recertification testing for EMT-Is.
 - 2. The Task Force members discussed Items (2) and (3) in the recertification section and unanimously agreed to delete the requirement to demonstrate competence in EMT-I skills.
 - 3. The Task Force agreed to the following recertification requirements for lapsed EMT-I certifications:
 - ?? For certification lapses between one day and six months – 24 hour EMT-I refresher course or 24 hours of continuing education.
 - ?? For certification lapses between six months and twelve months – 24 hour EMT-I refresher course and twelve hours of continuing education or 36 hours of continuing education.
 - ?? For certification lapses between twelve months and twenty-four months – 24 hour refresher course plus an additional 24 hours of continuing education or 48 hours of continuing education and certifying written and skills exam.
 - ?? For certification lapses greater than twenty-four months – successfully complete an entire EMT-I Basic Course.
- C. Committee Report: Exam Administration (Sub-committee members: Gloria Huerta, Debi Moffat):

Bill Brown and Philip Dickison of the National Registry of Emergency Medical Technicians presented the National Registry EMT-Basic Exam. The following points were made: ask Force discussed the following points:

 - 1. Eligibility: successful completion of an approved DOT course within the last two years, complete a practical exam, pass a felony and disciplinary review, valid CPR credential or sign off of CPR skills and knowledge, pay the fee.
 - 2. The exam is standardized across the nation and is intended for entry level EMT-I into EMS.
 - 1. The National Registry conducts an extensive and scientific validation process for each exam based on psychometric and reading studies, as well as, cultural review of the test item banks.

2. The exam is based in the practice analysis, which surveys 130 tasks for: importance, frequency, potential of harm, difficulty, demographics and interventions.
3. National Registry maintains an item writing committee made up of physicians, regulators and educators.
4. The writing committee meets to review questions for the correct answer, grammar, reading, rationalization, literature and task relation.
5. The median or normal score is 74-75, with a passing score of 70%.
6. The candidate has six attempts to pass the exam before having to retake an entire basic course.
7. The practical exam may be approved by the state or local EMS agency.
8. The local EMS agency, state official, a non-course instructor may administer written exam. Someone separate from the training program administers the test.
9. The average time to process the results is eight days once tests are submitted to the NREMT. This time may be longer if the applications are not complete or if there were problems with the test.
10. The current fee is \$15.00; in 2002 the fee will be \$20.00. This does not include any fees for local proctoring.
11. With respect to customer service, the NREMT establishes a liaison with the local EMS agency that can contact the NREMT if there are problems or concerns.
12. Textbook test generators are content validated only and lack the extensive validation processes that the NREMT conducts.
13. The Task Force suggested that additional options be explored before arriving at a decision.

- D. Committee Report: EMT Approving Authority (Sub-committee members: Elaine Dethlefsen, Donna Ferracone, Debi Moffat, Kevin White):
This item was tabled due to time.

Next meeting April 18, 2001 in San Diego, from 10:00 AM to 4:00 PM, Debi Moffat will check on the Naval Training Center.

Recorder: Debbie Meier